and their remarks were supported by imposing statistics graphically presented on the screen. There was a lively discussion, joined by nearly two dozen speakers representing surgical experience from many parts of Europe as well as America. Three points came out very clearly: (1) that these conditions were still a serious menace in surgical practice; (2) that early rising after operation had not reduced their incidence; and (3) that no one method of treatment was generally agreed on.

Surgery of the pituitary was discussed by Paul Martin, of Brussels, in a masterly contribution that fully covered the subject. Fontaine, of Strasbourg, spoke on the suprarenal glands. He emphasized the prominent part played by his great master Leriche in the development of this branch of surgery. As he warmed to his task the speaker's eloquence increased, and it was obvious that in concluding after a good innings there was still much that he would have liked to say. An international discussion followed his address, but failed to produce any special pronouncement.

The evening session at 7.30 was on the causes of recurrences after operation on the biliary tract. The opening by Demel, of Vienna, was in German, and was characteristically emphatic and thorough. It was a great effort, a *tour de force*, much appreciated by those who understood or who had read the translation thoughtfully provided by the secretariat. Some latitude to the earlier speakers in the discussion gave an opportunity to Lahey, of Boston, Mirizzi, of Cordoba, Mallet-Guy, of Lyons, and Pribram, of New York, to illustrate their remarks by a fine show of lantern slides.

Later in the discussion the president drew attention to the reproach to surgery provided by the large numbers of cases in which injuries to the bile ducts had followed deliberate surgical intervention. He stated emphatically the necessity for constantly stressing the importance of prophylaxis. Lahey, with his large experience to draw upon, condemned all methods of intubation and was in favour of a deliberate search for the distal part of the duct followed by end-to-end anastomosis. He claimed that this plan gave the best results by far. The session came to an end about 11 o'clock, after a large number of speakers had made their contributions.

Experiment in Discussion

Friday and Saturday mornings were allotted to the presentation of a long series of 15-minute papers by the younger American surgeons. This session had been arranged by the United States branch of the International Society as an experiment and to offset the rather senior tendency in the general discussions. Although the communications were often of great interest, 12 papers before luncheon and 12 afterwards was a strain and a concentrated mental effort for the audience. A great variety of subjects were discussed, many in the fields of purely experimental surgery or advanced physiology. Several members agreed with the president, who, while extolling the experiment, suggested that it would have been more useful if there had been fewer presentations, with time for questions and limited discussion. The scientific meeting came to an end about 3 o'clock on Saturday, and brought a strenuous week to a happy conclusion.

Of the social functions, a harbour trip on the first day was a good way of getting visitors and hosts to meet and to break the ice. The evening reception in honour of the president, held at one of the fine country clubs, was a delightful occasion. The closing banquet at the Roosevelt Hotel on Friday night was also a colourful and enjoyable function. The president occupied the chair, and proposed the health of the President of the United States. There was no formal toast list, but several speakers were called upon to unburden themselves of appropriate messages. There was tremendous applause when Professor Matas came to the loudspeaker. Despite his years the choice was justified, for he spoke audibly and interestingly in English, French, Spanish, and Italian.

At the general assembly of the society, which once again was presided over by the mature Professor Verhoogen, several important decisions were made. It was agreed that, with certain precautions, both German and Japanese surgeons should again be received into the society. A committee was appointed to make suggestions on the reorganization of the journal. It was also decided that the next, the 14th, Congress should be held in Paris in October of 1951, and Professor René Leriche was elected president.

On Wednesday morning visits were made to the two schools of medicine, which occupy adjoining premises and carry out their clinical teaching in the adjoining Charity Hospital. At Tulane a special visit was paid to the Matas Library, where an interesting ceremony was carried out in honour of Professor Matas. The president, Professor Grey Turner, told the company something of the work of Matas and how much he was admired and respected in England. He also spoke of the uses of a medical library, and especially urged his younger listeners to follow the example of the doyen by the study of medical history, not only for its interest but as an assistance to their immediate studies and as a guide to the future. At this ceremony the president was presented with a silver plaque to commemorate the occasion, in honour of Professor Matas.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

ANNIVERSARY CELEBRATIONS

The celebrations of the 350th anniversary of the foundation of the Royal Faculty of Physicians and Surgeons began at the end of November. The origins of the Faculty were described by Professor Alstead in a recent issue of the *Journal* (November 26, p. 1223).

On Wednesday, November 23, the honorary librarian of the Faculty, Dr. Archibald L. Goodall, delivered the Finlayson Memorial Lecture. He, too, recalled the foundation of the Faculty by a grant from King James VI to Maister Peter Lowe in November, 1599. The history of Lowe and Robert Hamilton, the co-founder, he traced in detail, and he described the great events in the life of the Faculty.

On Friday, November 25, the Lord Provost and Corporation of the City gave a civic reception. The president of the Faculty, Dr. W. R. Snodgrass, in thanking the Corporation, reminded them of the long association of the Faculty with the town council, which had promised "to hold, have, concur, fortifie and menteine thame and thair successouris . . . in tyme cuming."

On the Saturday an exhibition in the art galleries was opened by the president. It is devoted to the history of medicine, with special reference to Glasgow and the Royal Faculty. This exhibition will remain on view until January 31, 1950. The Royal Faculty attended divine service in Glasgow Cathedral on Sunday, November 27, and afterwards marched in procession to the tomb of Peter Lowe, where a wreath was laid.

Honorary Fellowships

At a brilliant ceremony on Monday the Faculty conferred its honorary fellowship on Lord Moran, P.R.C.P., Sir Cecil P. G. Wakeley, P.R.C.S., Professor Hilda N. Lloyd, P.R.C.O.G., Dr. W. D. D. Small and Mr. Quarry Wood (presidents of sister corporations), Sir Hector Hetherington (principal of the University), Professor E. P. Cathcart, Professor G. B. Fleming, and Mr. R. Barclay Ness. Congratulatory addresses were presented by the Royal College of Surgeons of England, the Royal College of Surgeons of Edinburgh, the Royal College of Physicians of Edinburgh, and the University of Glasgow. The formal proceedings were followed by a reception.

On Tuesday, November 29, the actual anniversary of the foundation, the commemoration dinner was held. The health of the Royal Faculty was proposed by Sir Hector Hetherington, who made a plea for close co-operation between the Faculty and the University in the training of consultants.

The president, in reply, traced the history of the Faculty and noted that in the last century the State, with good intentions, had made matters more difficult for them. He promised that

in the next 50 years the Faculty would do all in its power to adhere to the principles and spirit of the charter.

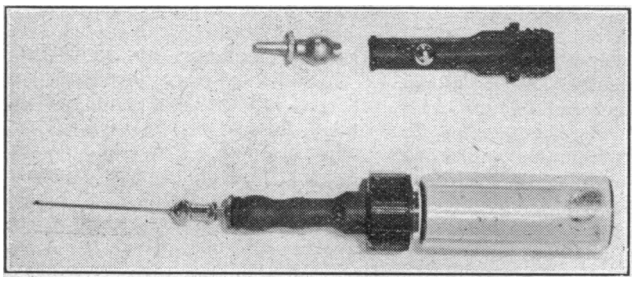
Professor Geoffrey B. Fleming proposed the health of the guests, and there were replies from the Lord Provost and Lord Moran. The former hoped that the Faculty would flourish and expand and that all the younger members of the profession would join it. Lord Moran referred to the position of the Royal Corporations as a bulwark against bureaucracy.

Preparations and Appliances

A SIMPLE VACUUM TUBE FOR COLLECTING BLOOD SAMPLES BY VENEPUNCTURE

Dr. R. H. MALONE, of the Regional Blood Transfusion Service in Sheffield, writes: The vacuum tube described here will be found of great value. It consists of a rubber tube ($\frac{3}{16}$ in.—0.48 cm.—bore), and a hollow rubber bung ($\frac{1}{2}$ in.—1.25 cm.—diameter) combined in one piece, a chromium-plated steel ball-bearing ($\frac{1}{4}$ in.—0.6 cm.—diameter), a male adaptor ($\frac{1}{4}$ in. diameter) slotted at the proximal end, and a glass phial of convenient size (approximately 5, 10, or 20 ml.) with $\frac{1}{2}$-in. neck and screw cap.

For sterilization and to produce a vacuum, assemble the unit, tighten the screw cap, and place in the autoclave for half an hour at 120° C. A test-tube $3\frac{1}{2}$ by $\frac{1}{2}$ in. (8.75 by 1.25 cm.) is inverted on the unit to guard the needle, and on removal of the unit



from the autoclave it is pushed down over the bulge in the rubber tube to form a sterile airtight fitting. Before use inspect the unit to see that the portion of the tube below the ball-bearing is collapsed, indicating a vacuum.

The needle guard is then removed, the needle inserted into the vein, and the rubber tube squeezed at the level of the ball-bearing so that the tubing is pushed slightly on one side. This produces a canal between the inner surface of the tube and the ball-bearing through which the blood is sucked into the vacuum. The needle guard is then replaced.

This unit has the following advantages: (1) A vacuum is automatically produced by sterilizing in the autoclave. (2) Simple inspection shows whether there is a vacuum or not; if the vacuum has been destroyed it can be restored by immersing the unit for 10 minutes in boiling water and then cooling. (3) It can be fitted to any phial with a $\frac{1}{2}$-in. neck and screw cap. (4) It is easily cleaned and reassembled, and can be used many times before the rubber tubing loses its elasticity. (5) Blood samples are taken aseptically. (6) Multiple samples of blood can be taken from the same patient, without removing the needle from the vein, by disconnecting the unit at the adaptor and connecting a new unit. (7) The cost per sample of blood as compared with syringes or "venules" is low.

Any laboratory can assemble its own units once the rubber components have been obtained. The ball-bearings should be chromium-plated or made of stainless steel, since deposits of iron rust cause leakage of air and loss of the vacuum. The adaptor is slotted, because without a slot the ball-bearing, which is forced up by the pressure during autoclaving, seats itself firmly on the end of the adaptor and prevents the escape of air.

The complete unit or the combined rubber tube and bung can be obtained from Messrs. Wm. Freeman and Co., Ltd., Peel Street, Barnsley.

Reports of Societies

MANAGEMENT OF THE GLIOMATA

In the Section of Neurology of the Royal Society of Medicine on December 1, with Mr. JULIAN TAYLOR in the chair, a discussion took place on "Current Trends in the Management of the Gliomata."

Mr. JOE PENNYBACKER discussed in turn the various forms of intracranial gliomata that had come within his experience. Speaking in particular of ependymomata, he said that there was good evidence that these tumours were radio-sensitive, and if surgical measures did not remove them completely it should be possible to deal with any remnants by radiation therapy. He mentioned a case in which an ependymoma had been removed in 1941, the removal being followed by irradiation, and there had been no evidence of return up to the present. The outlook with a medulloblastoma was not favourable, though the literature seemed to show that when such a tumour occurred in adult life the prognosis might be less gloomy. In his series there was only one such case in the favourable group among adults. This patient had remained well for seven years after operation. It seemed possible, however, to approach these tumours with more optimism in the case of adults than in children. Surgery must be accompanied by radiotherapy, and the techniques held out some promise.

Turning to cases of spongioblastoma multiforme, he gave a summary of 89 cases in which a major intervention had been carried out. The operative deaths numbered 14 (16%). Of the survivors, 28 deteriorated within six months, and it was unlikely that any of these were useful survivals; 38 died within 16 months; six within 18–33 months; one at 48 months; and two at 51 months. The procedures undertaken ranged from decompression to complete removal. A rough standard of useful survival was capability for return to work or, in the case of a woman, to household duties. He stressed the unpredictability attending surgery of the gliomas. Surgery alone was powerless in the management of these types of tumours, and the combined efforts of the surgeon and the radiotherapist were essential.

Professor DOROTHY RUSSELL said that her part was to discuss where the pathologist came in in the question of treatment; this, of course, must be in the biopsy diagnosis. The surgeon naturally relied to a great extent upon the accuracy of the pathologist's report; therefore it was useful to discuss the difficulties that arose in the interpretation of the biopsy and the limitations that had to be acknowledged. The main difficulty in a biopsy arose from the admixture of different cytological types and the difference of architecture. On examining certain tumours a curious mingling of highly differentiated types might be found. The pathologist was often forced to use a portmanteau description. The speaker proceeded to review the biopsy material available at her laboratory over a 10-year period: astrocytoma, 119; spongioblastoma multiforme, 129; ependymoma, 30; medulloblastoma, 28; oligodendroglioma, 24. The two first were by far the most numerous types of tumour with which they had to deal. The spongioblastoma multiforme was for the most part derived from the astrocytoma by a process of dedifferentiation or anaplasia. All these cerebral astrocytomas should be viewed with a good deal of suspicion, and it must be insisted that astrocytomas in any part of the brain might behave in the same fashion. Those that occurred as diffuse tumours of the pons and those that occurred in the cerebellum behaved exactly the same. The pontine tumour, by reason of its situation, could not be attacked surgically, but in the cerebellum the surgeons could get at the tumour. One met occasionally with cerebellar astrocytomas in which the same changes could be demonstrated. These and many other matters had to be taken into consideration in assessing a biopsy.

Analysis of Results of Treatment

Mr. D. W. C. NORTHFIELD mentioned 58 cases of spongioblastoma multiforme in which a full follow-up had been available. The results were very much as Mr. Pennybacker had